

Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, Kentucky 40602
(502) 564-3296 / FAX (502) 696-1927
Application for Continuing Education Program Approval

Contact Person: _____ Telephone: () _____

Contact

Address: _____

Street

City

State

Zip Code

Sponsoring Agency: _____

Program Title: _____

Date(s) of Program: _____ Number of hours applying for: _____

Target Audience (*please check all that apply*):

Area of Content:

Occupational Therapist _____

Occupational Therapy Assistant_____

ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:

(Please be advised, applications received without the requested information will be returned)

- ☒ *A thorough course description;*
- ☒ *A statement of the achieved learning outcomes;*
- ☒ *The content focus of the course;*
- ☒ *A detailed agenda for the activity;*
- ☒ *A statement of the number of contact hours requested;*
- ☒ *A listing of the presenters and their qualifications; and*
- ☒ *A sample of the certificate of completion awarded to successful attendees.*

BOARD RESPONSE:

- ☐ APPROVED AS REQUESTED FOR _____ HOURS.
☐ PARTIALLY APPROVED FOR _____ HOURS.
☐ NEED ADDITIONAL INFORMATION FOR REVIEW: _____
☐ DENIED CONTINUING EDUCATION CREDIT. COMMENTS: _____

DATE REVIEWED: _____ BOARD MEMBER INITIAL: _____